

Alone in the Hospital

Going to the hospital has never been particularly safe, but hospitals have tried to do what they can. In the early part of the 1900s, hospitals became fanatical about sterility, to prevent infection. Each infant in their care, for example, had its own white coat for doctors to wear as they visited that infant, hung on hooks inside out for the next doctor to don. Holding babies was considered dangerous (as signage emphasized), so they were fed without being held — bottles were simply propped up where the infants could get at them. Needless to say, parents were denied visits.

And yet mortality rates for infants in hospital care ranged from 30 to 75 percent. The babies were cared for and nourished, they had no outward physical problems, they simply succumbed to a mysterious phenomenon the doctors labeled “failure to thrive”. Some thought it might be a hidden infection.

So the nurses wore masks and hoods, carefully scrubbed up before they handled infants. Some hospitals put infants in boxes with glove-valves — the kinds you see in movies when scientists are handling radioactive material — so that they’d never have to touch the infant at all. But the problem just got worse.

Henry Bakwin, pediatric director of New York’s Bellevue Hospital, saw this and thought that perhaps they were going about things exactly wrong. The infants weren’t dying of infection, he believed, they were dying of loneliness — a loneliness that made it easier for them to succumb to infection. He took down the signs about washing hands and put up signs requiring everyone to pick up and fondle a baby. And infection rates went down.

Harold Skeels and a team at the Iowa Child Research Welfare Station decided to try an experiment. They took thirteen girls out of institutionalized care and had them “adopted” by older girls in “a home for the feeble-minded”. Within nineteen months, the average IQs of the adopted kids jumped from 64 to 92.

But these folks were the radicals. The mainstream scientific community refused to believe there was anything wrong — people were blowing things out of proportion, they insisted, and anyway, everyone knows children that young can’t suffer from depression. The studies were flawed.

John Bowlby came at it from a different perspective. Interviewing severely disturbed kids, he discovered they all shared a traumatic separation from their parents when they were young. He concluded the mother-infant relationship was essential to development and issued recommendations much like Skeels and Spitz. “The mothering of a child is not something which can be arranged by roster,” he wrote in reports for the World Health Organization. But still the hospitals didn’t change.

Bowlby’s student John Robertson begun doing observation at hospitals. He noticed that babies screamed painfully as they were admitted. The nurses explained that this was normal and they’d soon settle down. He noticed that these “settled” babies returned to violent fits when they were taken home, attacking her as if they blamed her. The nurses said that was normal too, mothers weren’t just as good at taking care of kids as the nurses. Robertson had a different explanation.

He decided to make a movie to prove it. Unlike the last, this one would be completely scientific. He would pick a name at random from the list of babies, then always film them at a specific hour, clock in the background, so you could tell he wasn’t cheating. The name he picked was Laura.

When he went to find her he was devastated: Laura was the one girl in a hundred who wasn’t crying; her parents had reared her so strictly that she quietly restrained all her emotions. “I saw immediately [she] was going to be the one child in a hundred who was not going to demonstrate what I had been shouting my head off [about],” Robertson said. But he couldn’t pick another child — that would be cheating. The project continued.

The first day, Laura jumped out of her bath to the door in an attempt to escape. Her smiles disappear and sometimes she quietly sobs while clutching her teddy. “Where’s my mummy?” she asks repeatedly, while trying hard to hold back tears. Each day she grows grayer until on the fifth, when she appears unsmiling and resentful. Her mother comes to visit (thanks to a special exception to the rules Robertson negotiated), but she wipes away her mother’s kiss. When her mother waves goodbye, she looks away. When her mother finally comes to take her home on the eighth day, she begins shaking with sobs. She gathers up all of her stuff, but refuses to take her mother’s hand as they walk out.

They presented the film to the Royal Society of Medicine in London. The audience was outraged. It was false, it was slander, it was a trick, it was an atypical child, it was filmed selectively, it was edited dishonestly. “People stood up and said that their children’s wards were not like that, two-year-olds were all happy,” Robertson recalls. Robertson was banned from some of the wards he was observing, pediatricians walked across the street when they encountered him. The hospital claimed that Robertson had interfered with the nurses trying to care for Laura. As Robertson toured Britain with the film, the reaction was always the same.

When Laura finally saw the film, six months later, she burst into tears. “Where were you all that time?” she asked her mother.

Reviews in the medical journals, however, were all positive. And younger nurses and doctors begun telling Robertson how they agreed with him and would do things differently, if only they were in charge. And a few higher-ups quietly sent some votes of support. So Robertson kept going. He took the film to the United States, hoping for a similarly positive reception. But the Americans insisted that while it was a great film about Britain, it had no relevance in their country. And nobody was willing to take the obvious step of letting mothers stay with their children on the wards.

Not until 1955 were there signs of change. Fred Stone, a doctor at the Royal Hospital in Glasgow, decided to do a pilot study. “I would drive up the hill to come here,” he recalled, “and there would be two hundred parents queueing up in the rain to get in for their half hour’s visiting.” A colleague who had control of two pediatric wards decided to offer one of them to Stone to prove that his suggestions wouldn’t work.

When the nurses heard about this, they threatened to resign together. To placate them, Stone set up a series of meetings. “The aggression after the first meetings was unbelievable, truly unbelievable,” he explained. But the aggression soon turned to tears. “They said, ‘You don’t understand what you are asking of us. [You mean] a parent can just walk in and see how we’re neglecting these poor kids[?]’ [...] And, of course, at that point we had to say, ‘But what on earth makes you think that we’re criticizing you? You’re doing an impossible job remarkably well.’ And, of course, then the tears came as you can imagine.” Finally they agreed the experiment should at least be tried.

“I never heard any more about the issue at all. Nobody ever came back to me and said, ‘The six months are up.’ Nobody ever reported that it had been a success or a failure; all I knew was that somehow I heard that two wards were doing it, four wards were doing it, the whole hospital was doing it. And since then we’ve had almost unrestricted visiting in the whole hospital.”

Similar experiments were conducted in London, although changes on the Continent didn't happen until the late 1970s. In 1959, the British minister of health made it official policy. And in the early 1960s, Robertson told BBC Radio parents that they should sit-in by their children's cot and force the hospital to try to evict them. Slowly the tide began to turn.

This article is based on Robert Karen's tour de force book [Becoming Attached](#).

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